

Conversation Analysis of Reason for Testing Discussions

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- data collection
- health education
- ▲ counseling



Client Information

Race/ethnicity: (mark one or two)
 (1) African American (not Hispanic)
 (2) American Indian/Alaskan Native
 (3) Asian/Pacific Islander
 (4) Hispanic/Latino(a)
 (5) White (not Hispanic)
 (6) Other, specify: _____

Date of birth: (mm/dd/yy) _____

Gender and pregnancy: (mark one)
 (1) Male
 (2) Female
 (3) Pregnant female
 (4) Transgendered: male to female
 (5) Transgendered: female to male
 (6) Other, specify: _____

Sexual orientation: (mark one)
 (1) Heterosexual (straight)
 (2) Bisexual
 (3) Gay, lesbian, queer, or homosexual
 (4) Other, specify: _____
 (5) Client doesn't know

Residence county: _____

Residence zip code: _____

(1) Mark If client is homeless.

Client was referred by: (mark one)
 (1) HIV+ partner
 (2) PCRS/partner notification
 (3) OA NIGHT outreach (incentive/referral)
 (4) Other outreach worker
 (5) HIV education program
 (6) AIDS telephone hotline
 (7) Other AIDS agency
 (8) Alcohol/drug treatment program
 (9) M.D./health clinic
 (10) Friend/relative
 (11) Media (TV, radio, print)
 (12) Internet
 (13) No identifiable referral source

Client's reason for testing: (mark one)
 (1) Reconfirming HIV+ result
 (2) Reports AIDS-like symptoms
 (3) Has current HIV+ partner
 (4) Had past HIV+ partner
 (5) TB diagnosis
 (6) STD related
 (7) Hepatitis diagnosis
 (8) Pregnancy
 (9) Risky behavior
 (10) Starting a new relationship
 (11) Partner request
 (12) Rape/assault
 (13) Exposure to blood
 (14) Immigration
 (15) Other, specify: _____

HIV Testing History

Number of prior HIV tests: (circle one)
 (0) (1) (2) (3) (4) (5) (6) (7) (8) (9+)

Date of last test result: (mm/yy) _____

Last test result: (mark one)
 (1) Positive
 (2) Negative
 (3) Inconclusive
 (4) Did not return for results

Risk Reduction Steps

Risk assessment stage of change: (mark one)
 (1) Not thinking about it (Precontemplation)
 (2) Thinking about it (Contemplation)
 (3) Ready for action (Preparation)
 (4) Action
 (5) Maintenance

Immediate risk reduction step:
 (to be accomplished by client before disclosure)

At disclosure: risk reduction step(s): (mark one)
 (1) No step established at risk assessment
 (2) Client made no effort
 (3) Step attempted
 (4) Step achieved

Post disclosure/short-term risk reduction step(s):

Long-term risk reduction step(s):

Counselor: Review/Assess Introductory Issues
 Anonymity/confidentiality/non-names testing.
 Risk assessment process and purpose of form.
 What the HIV test measures.
 Meaning/accuracy of test results (preliminary positive, positive, negative, inconclusive).
 Impact of HIV on the immune system.

Counselor Notes:

Referrals

Client referrals:
 Record at risk assessment (RA), disclosure (D) and post disclosure (PD). Order by marking 1 for your primary referral. Other referrals should be numbered 2 and 3.

	RA	D	PD
(1) NONE			
(2) Referral list only			
(3) Other HIV testing			
Risk/harm reduction			
(4) Prevention case management (PCM)			
(5) HIV education & prevention services			
(6) Follow-up HIV counseling			
(7) Prevention skill development			
(8) Prevention support group			
(9) Individual psychotherapy/counseling			
Substance use services			
(10) Alcohol/drug treatment			
(11) Twelve step program			
(12) Needle exchange program			
HIV positive referrals			
(13) Early intervention program (EIP)			
(14) HIV case management			
(15) HIV medical care/early treatment			
(16) PCRS/partner notification			
Other services			
(17) Post-exposure prophylaxis (PEP)			
(18) Hepatitis testing/vaccination			
(19) STD clinic			
(20) Reproductive health services			
(21) Other Non-HIV medical services			
(22) Social services			
(23) Other, specify: _____			

Counselor: Review/Assess Testing Issues
 Window period/date of any follow-up test.
 Process of testing.
 Coping with waiting for test results.
 Client's readiness to be tested.
 Offer testing, if appropriate.
 Encourage the client to return for results.

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Conversation Analysis

- A method of studying interaction
- How people use language in real time
- Patterns of interaction

Question – Answer

A: Is there something bothering you or not?

(1.0)

A: Yes or no?

(1.5)

A: Eh?

B: No.

Institutional Interaction

- Counseling talk, medical talk, courtroom talk
- Professional tasks
- Questions and answers

counseling



Data

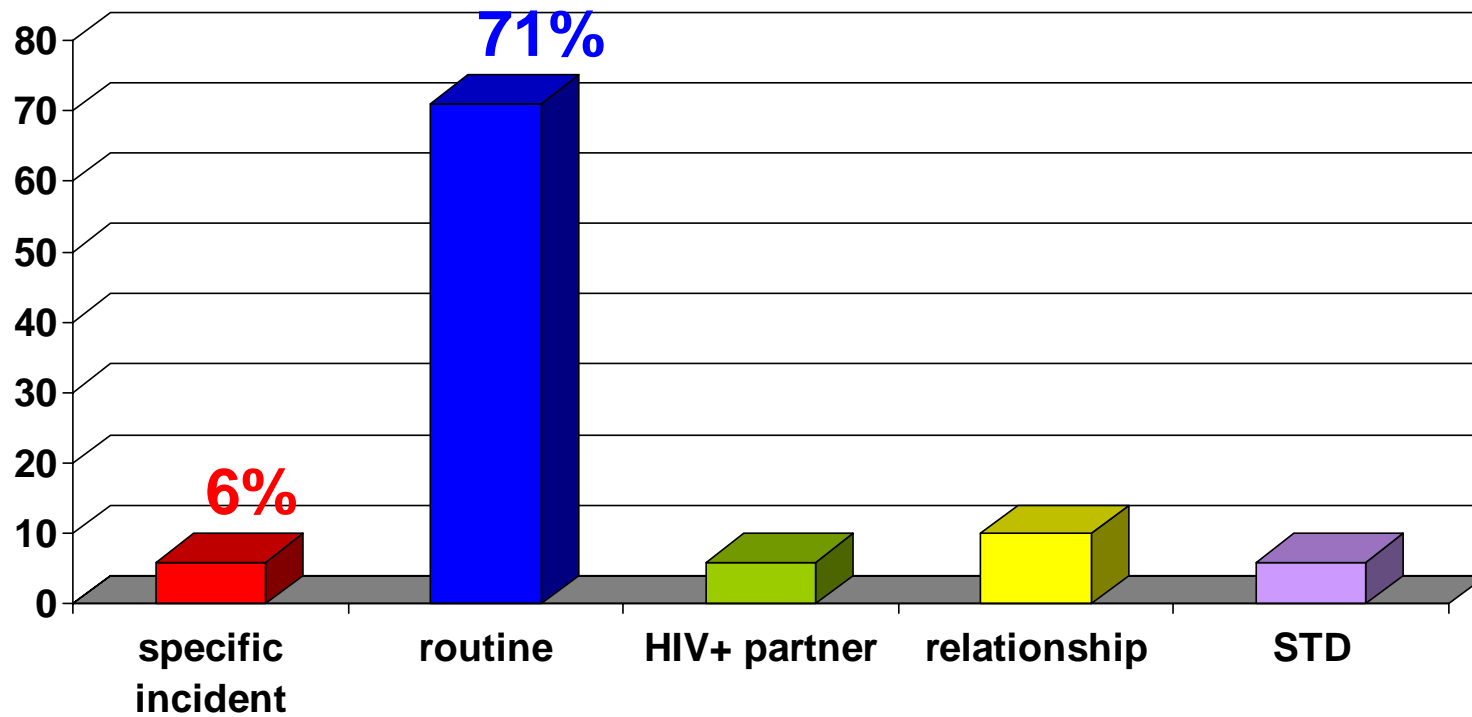
Audio recordings of 49
test counseling sessions

- 25 standard
- 24 rapid

Reason For Testing

Two Patterns

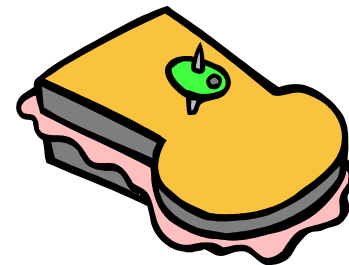
Pattern 1: Routine Testing



Pattern 2: "Sandwich"

routine maintenance

risk



routine maintenance

Reason for Testing Question

“What brings you in for an HIV test today?”



- “What brings you in?” “How can I help?”
- “What’s new?” “Anything new?”

Pattern 1: Routine Testing

Ex. 1

CO: What brought you in to have your test done today

CL: Uh just regular uh upkeep
(1.0)

CL: So to speak ((laughs))

CO: Okay
(0.5)

CL: That's it

CO: And how do you feel about your risk for HIV



CO: And how do you feel about your risk for HIV?
(0.8)

CL: My risks?
(0.6)

CL: Um I've been pretty good lately so I'm not
too worried

CO: Mokay

CL: But there's always you know
(2.2)

CL: You never know

CO: ((laughs))

CL: ((laughs))

CO: Right

CL: You know that's basically it
(0.1)

CO: Um when would you say that you- when- would you say was the last time that you put yourself at risk for HIV?

CL: Um probably a month ago
(0.8)

CO: Tell me about that experience
(0.1)

CL: Uh just little barebacking no load taking but bareback you know
(0.1)

CO: Okay

Ex. 2

CO: But this one particular time when you were a bottom you didn't use any protection.

CL: No.

CO: Was this with one of your regular partners or or one of the one night stands

CL: Um it was um not a regular partner and it was a one night stand but it's somebody that I've known for years so it's not like a total random

CO: Oh okay. Okay.

CL: And we did talk about whether the fact that he was negative and he said yes.

CO: Okay.

(1.4)

CO: Okay.

(0.5)

CO: So um and he said he was negative

CL: Right

CO: So um and he said he was negative

CL: Right

CO: Okay
(1.4)

CL: And I was drunk and I regretted it the next day

CO: And you- so that's why you are in here now.
(0.2)

CL: Hm mm

CO: No?
(0.8)

CO: Is this your [regular test every six months

CL: [No I get done every six months

CL: But

CO: Okay

Summary

Pattern 1

- Clients present their testing as only routine maintenance.
- Counselors direct discussion to a more specific risk.
- Clients present risk as unrelated to testing.

Pattern 2: Sandwich

Ex. 3

CO: And is there a specific reason why you're testing today

CL: No I just like to do it once a year.
I figure I'm pretty low risk cause I'm only oral.
But I I do like to keep tabs on it anyway.

CO: Whe- when you say oral do you receive is it-
give-

Ex. 4

- CO: So what brought you in for your HIV test today
- CL: Mm I haven't had one in a year
and uh also uh just out of a relationship and uh
have not been using condoms in that relationship
and with ay uh previous partner um I made that
decision with them because let's put it a- this
way I'm a real picky person and people
that I have sex with are usually as anal as I am
uh and the trust level between myself and those
partners was very high very high confidence
- CO: Mm
- CL: Um so really it's kind of like I'm just out of
relationships and it's just my yearly checkup



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CO: Mm hm

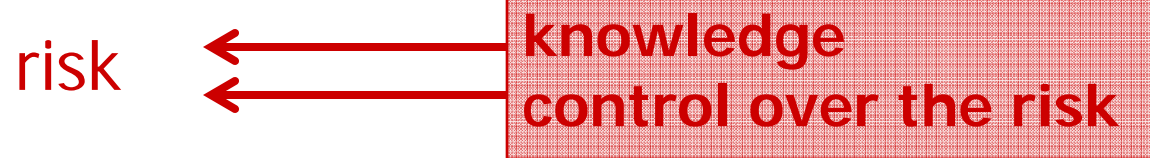
CL: Um I'm sure that there's a little tickle in the back
of my head of um nonconfidence
because of having unprotected sex uh
but uh that's not the uh the main focus

CO: Mm hm

Summary

Pattern 2

routine maintenance



routine maintenance

In these two patterns, clients resist counselors' attempts to understand a specific risk as the reason for testing.